



Notice of Intent (NOI) for Stormwater Discharges from
Large and Small Construction Activities,
NPDES General Permit SCR100000

For official use only

File number: _____

Permit number: SCR10 _____

Submittal package complete: _____

Public Notice Start Date (OCRM only): _____

For official use only

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 5.

Date: _____ County: DORCHESTER

Project/ Site Name: EAST COAST EQUINE

Do you want this project to be considered for the Expedited Review Program (ERP)? ☐ Yes ☐ No (See instructions.)

If yes, is the design of this project above regulatory requirements or Low Impact Development? ☐ Yes ☐ No

I. Project Information

Project Owner/ Operator (Company or person): HAYEK PROPERTIES LLC

Company EIN: 00-000000 Phone: _____ Fax: _____

Mailing Address: 130 MONTANA LANE City: SUMMERVILLE State: SC Zip: 29483

Permit Contact (If owner is company): AMY HAYEK Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email address (optional): _____

II. Property Information

A. Site Location (street address, nearest intersection, etc.): 365 MULBERRY ROAD (S-18-54)

City/ Town (if in limits): ST. GEORGE Latitude: 33° 15' 58" N Longitude: 80° 35' 13" W

Tax map # (list all): 013-00-00-065 Phone: _____

B. Property Owner: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): 8.0 acres Total area: 34.6 acres

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No

LCP/ Overall Development Name: _____ Check here if this is the first phase: ☐

Previous state permit/ file number: _____ Previous NPDES coverage number: SCR10 0000

C. Start Date (MM/DD/YYYY): 07/01/2007 Completion Date: 07/01/2009

D. Is this site located on Indian Lands? ☐ Yes ☒ No If yes, name of reservation: _____

E. Type of Activity (check one): ☒ Commercial ☐ Industrial

☐ Institutional ☐ Residential: Single-family ☐ Multi-use (Commercial & Residential) ☐ Other:

☐ Linear ☐ Residential: Multi-family ☐ Site Preparation (No new impervious)

F. Are there any flooding problems downstream of or adjacent to this site? ☐ Yes ☒ No

G. Has S.C. DHEC issued a Notice to Comply or Notice of Violation for this site or LCP? ☐ Yes ☒ No

H. Is any part of the property located inside an MS4 or urbanized area? ☐ Yes ☒ No

If yes, list the MS4 operator or urbanized area name: _____

I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA).

IV. Waterbody Information

A. Nearest receiving waterbody(s) [RWB]: EPISTO RIVER Distance to nearest RWB (feet): ±1,352

Classification of nearest RWB: _____ Next/Nearest named RWB: _____

| B. 1. Waters of the U.S./ State | On the site? | Delineated/ Identified? | Impacts? | Amount of impacts |
|---------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------|
| a. Jurisdictional wetlands | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ Ac |
| b. Non-jurisdictional wetlands | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>0.681</u> Ac |
| c. Other Water(s) List: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ Ac _____ Feet |

2. If yes for impacts in B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact.

Re-grading for a pond

C. Impaired Waterbodies (See instructions.)

List the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). _____ Waterbody(s): _____

1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? ☐ Yes ☒ No
- a. If yes for 1, list the impairment(s). _____
- b. If yes for 1, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☐ No
- c. If yes for b, list the impairment(s) affected by the pollutant(s) referenced in b. _____
- d. If yes for b, will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in c? ☐ Yes ☐ No
2. Has a TMDL(s) been developed for this WQMS(s)? ☐ Yes ☒ No
- a. If yes for 2, list the impairment(s). _____
- b. If yes for 2, has the standard been attained for all impairment(s)? ☐ Yes ☐ No
- c. If no for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☐ No
- d. If yes for c, are your discharges consistent with the assumptions and requirements of the TMDL(s)? ☐ Yes ☐ No

D. 1. Are S.C. Navigable Waters (SCNW) on the site? ☐ Yes ☒ No

- a. If yes for 1, list the name of the SCNW: _____
- b. If yes for 1, will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☐ No
- c. If yes for b, then describe activities. _____
- d. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit? ☐ Yes ☐ No
- e. If no for d, has an SCNW permit been applied for or issued for the site? ☐ Yes, for all activities ☐ Yes, for some activities ☐ No
- f. If yes for d or e, list permit number(s) and corresponding activities. _____

V. Operator Information

- A. SWPPP Preparer: Gaynelle Whittle - Shipp S.C. Registration #: 25150
Company/ Firm: GWS, Inc. S.C. COA #: 02527
Mailing Address: P.O. Box 62065 City: N. CHAS State: SC Zip: 29419
Phone: (Day) (843) 552-8969 (Mobile) 843 200-1706 (Fax) _____
Email address (optional): _____
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Site Contact (if ODSA is company): _____ Phone: _____

VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!

- A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)
Check one. ☒ Engineer ☐ Tier B Surveyor ☐ Landscape Architect

Gaynelle Whittle-Shipp Gaynelle Whittle Shipp 25150
Printed name of SWPPP Preparer Signature of SWPPP Preparer S.C. Registration #

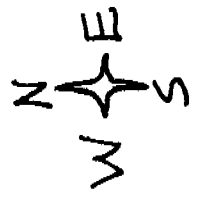
- B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the to S.C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

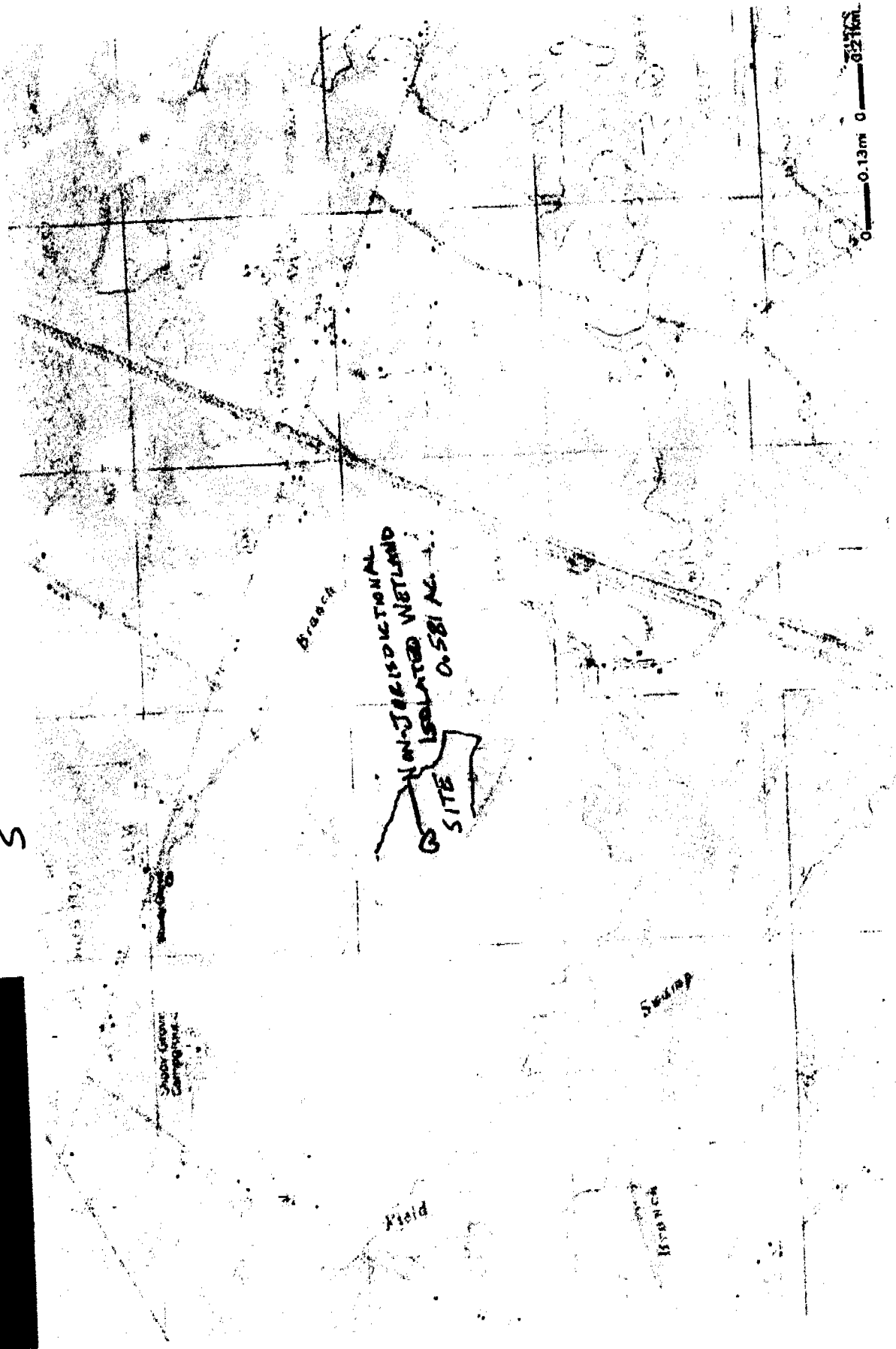
AMY HAYEK, OWNER
Printed name of Project Owner/Operator

A. H. H. DHA
Signature of Project Owner/ Operator

7/30/08
Date



The Barn at East Coast Equine



Quad Name WABD EFIS #
 Project Name AST 1055 CAULE
 Staff Initials GW Project Type
 TMS#

